A.

В.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 13 / 14 (check only one)	
		21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) American College of Rheumatology (Rhe	umPAC)			
Full Name (Last, First, Middle Initial) Friends Of Lois Capps			Transaction ID: 9206265 Date of Disbursement 0 6 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 23940			06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Period	
Purpose of Disbursement June 15 event in DC		011	1000.00	
Candidate Name Rep. Lois Capps		Category/ Type		
Office Sought: X House Senate President State: CA District: 23	sement For: 2009 Primary X General Other (specify) ▼		June 15 event in DC	
Full Name (Last, First, Middle Initial) Snowe For Senate			Transaction ID: 9227884 Date of Disbursement	
Mailing Address PO Box 2012			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Portland	State Zip Code ME 04104		Amount of Each Disbursement this Period	
Purpose of Disbursement June 29 event in DC		011	1500.00	
Candidate Name Sen. Olympia Snowe		Category/ Type		
Office Sought: House Disbur X Senate President	sement For: 2009 Primary X General Other (specify)		June 29 event in DC	

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)		19500.00

State: ME

District: